

NON-STATE EMPLOYEE TRAVEL REIMBURSEMENT REQUEST

NOTE: For assistance in completing this form, contact your supervisor.

FY	Travel Voucher Number	Social Security Number (Vendor Number)	Invoice Number		Invoice Amount	Invoice Type <input type="checkbox"/> Blank = normal <input type="checkbox"/> 2 = credit <input type="checkbox"/> 3 = manual
			T	Month/Year		
Org. #	Organization Name	Name - Claimant	Home Address - Claimant (Complete)			

Audit pursuant to Chapter 16, of the Wisconsin Statutes and allowed in accordance with the provisions of Chapter 20 as shown. Certified to the State Treasurer payable from the Fund shown.

SIGNATURE

Date - Signed

Line	Appn.	Account	Center			Amount	Sign Code	Error Message Code
1		21600				.		
2						.		
3						.		
4						.		
5						.		
6						.		
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13						.		

1. GENERAL INSTRUCTIONS

- This form is intended for **NON-EMPLOYEES** of DHFS and attached Boards.
- Print legibly using black or blue pen or type.
- After completing and signing your travel voucher, **SUBMIT ORIGINAL** to your supervisor or coordinator for signature. Retain one copy, if you wish, for your personal records.
- Staple required receipts to the itinerary side, where indicated. Receipts are required for lodging and for other items identified in the Pocket Travel Guide.

Receipts must be original. CREDIT CARD SLIPS ARE NOT ALLOWED.

2. REQUIRED INFORMATION: All applicable itinerary information must be completed, including claimant and supervisor signatures, plus the following coding side information.

- Claimant's Social Security Number
- Organization Number and Name
- Claimant's Name (**Legibly Printed**)
- Claimant's Home Address

3. MEALS INCLUDING TIPS: Record actual reasonable and necessary out-of-pocket expenses incurred for meals in the performance of official duties. The expense amount (including tax and tip) should not exceed maximum rates allowed. **

4. PERSONAL VEHICLE USE:

- Record round trip mileage between starting point and destination.
- Mileage should be claimed at amount shown in the "Pocket Travel Guide".

** See "Pocket Travel Guide" for a summarization of the state's travel guidelines and allowable maximums.

KEYERS ONLY

Entered By

Date - Entered

Headquarters City

NOTE: Identify all items billed directly to the Department with an asterisk (*)

[illegible]